The DOT:
Discussions on Tuberculosis

The Kentucky Tuberculosis Prevention and Control Program Newsletter

Special COVID-19 Edition, Vol. 2 | January 2021

In this Issue

TEAM KENTUCKY

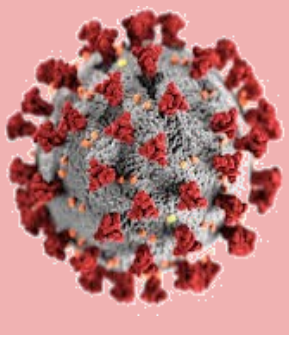
Kentucky Public Health
Prevent. Promote. Protect.

Special Edition, Vol. 2

COVID-19 Pandemic:

From the Virus to the Vaccine

What Does it Mean for TB?



Controller's Message

Greetings TB partners! In late December 2020, Kentucky's healthcare workers, long-term care facility residents, and other essential workers began receiving the mRNA COVID-19 vaccine. Our program has since received numerous questions regarding the impact these vaccines might have on tuberculosis (TB) testing, and what considerations or scheduling adjustments should be made in administering these tests.

This special edition of *The DOT* provides you with the latest updates for TB testing among healthcare workers, long-term care facility residents, and other essential workers as they continue to receive their COVID–19 vaccine series.

Please don't hesitate to contact our staff with any questions or concerns regarding this publication.

As always, we thank you for all you do!

Emily Anderson, RN, BSN
TB Controller/Program Manager
EmilyA.Anderson@ky.gov

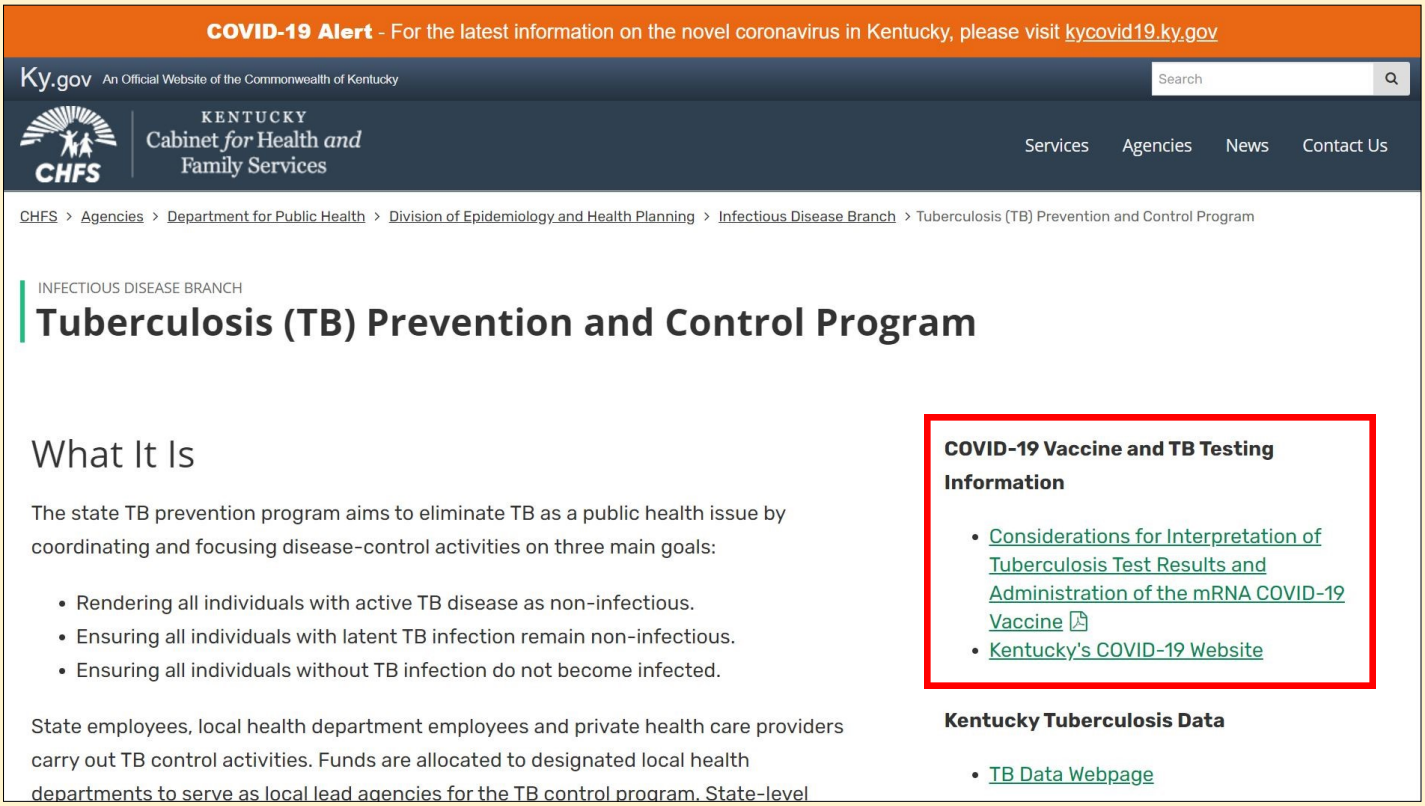
Nurse Consultant Column

Navigating Tuberculosis Testing and COVID-19 Vaccination

According to the Centers for Disease Control and Prevention (CDC), inactive vaccines **do not** interfere with TB test results. Therefore, there is no immunologic reason to believe that a tuberculin skin test (TST) or blood draw for interferon gamma release assay (IGRA) would affect the safety or effectiveness of mRNA COVID-19 vaccines.[1] However, there is no data currently available to inform the impact of the COVID-19 mRNA vaccines on either TST or IGRA (either TSPOT of Quantiferon Gold Plus) tests for TB infection.

As a result, the Kentucky TB Program, in partnership with Kentucky's Office of the Inspector General, has developed guidance to help infection control and employee/occupational health specialists, healthcare workers, and others navigate through these updates.

The *Considerations for Interpretation of Tuberculosis Test Results and Administration of the mRNA COVID-19 Vaccine* can be found on the Kentucky TB Program's webpage here.



The Kentucky TB Program will be posting this and all future guidance documents regarding COVID-19 and TB to our main webpage (pictured above). Please note this situation develops, this guidance will be updated and posted on our TB Program webpage.

Source:

1. https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html

Nurse Consultant Column

Tuberculosis Testing and COVID-19 Vaccination—FAQs and Examples

Q: Should we be delaying IGRA or TST testing for our employees until 4 weeks after their second COVID-19 vaccine?

A: For individuals requiring TB testing for occupational health (i.e. employment or school), the *preference* would be draw an interferon gamma release assay (IGRA) or place a tuberculin skin test (TST) the same day as they receive their first dose of the COVID-19 vaccination. However, if the vaccine has already been given, then you should wait four weeks until they have received their second dose before administering their TB test. It is important to inform these individuals that they will need to verify with their places of employment or school prior to beginning the COVID-19 vaccination series and determine if delayed TB testing will interfere with their ability to begin work, classes, or clinical rotations. **Note**: To assure regulatory compliance, it is imperative to document your decision within your facility's TB Infection Control Plan or Respiratory Plan.

Q: Should we be delaying IGRA or TST testing among patients suspected of TB who are coming in to the local health departments until 4 weeks after completing their COVID-19 vaccination series?

A: For individuals suspected of TB, all measures to rule out TB should be made first. Preference would be to draw their IGRA or place a TST the same day their first dose of vaccine is given. However, if the individual has already been given the vaccination prior to being evaluated for TB, then other measures (chest x-ray and/or sputum collection) will need to be initiated until a TB testing can occur four weeks after their second dose of the COVID-19 vaccination.

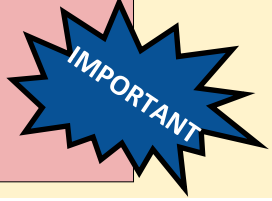
Q: Our facility policy requires that staff receive a two-step TST upon hire, then annually in their birth month thereafter. For staff who need to postpone the TB skin test during their birth month due to their receiving the COVID-19 vaccines, will we need to require them to do another two-step TB skin test, since they will have gone past the 12 month time frame since their last TST?

A: The safest option for employees who have already received their first dose of the COVID-19 vaccine, will be to delay TB testing until four weeks after the administration of their second dose. At that time, you will need to establish a new baseline for testing by conducting a two-step TST. Their annual testing for next year can still be given during their birth month. At that time, a boosted effect (false positive) should not be expected due to this approximate ten-month gap between these two testing events. Coordinating future TB testing for annual and new employees to occur on the same day as the administration of their first dose of COVID-19 vaccination will avoid unnecessary complications to your internal infection control procedures. **Note**: To assure regulatory compliance, your facility's TB Infection Control Plan should be updated to reflect alternate testing procedures during this unprecedented pandemic.

Remember!

When testing *anyone* for tuberculosis,
a risk assessment should be conducted
in addition to the test itself.

Click here for sample TB Risk Assessment Form.



Nurse Consultant Column

Tuberculosis Testing and COVID-19 Vaccination—FAQs end Examples, Continued

Q: I am an employee and I wanted to clarify what the latest recommendations for TB testing relating to the COVID-19 vaccination administration. I had been told two weeks before or after the vaccine, but today was told it should be 30 days. Can you advise?

A: If your facility is not able to draw and IGRA or place a TST the same day as you receive your first COVID-19 vaccination for either annual or new hire testing, then you will need to delay until 4 weeks after your second dose of the vaccination to administer your TB test. For example, if your second COVID-19 vaccination was given on January 30th, 2021, the earliest you will be able to have your TB test done on February 28th, 2021. **Note**: To assure regulatory compliance, your facility's TB Infection Control Plan should be updated to reflect this alternative testing procedure.

Q: I have a scenario I would like to discuss – if I give the first dose of the COVID-19 vaccination to a patient who needs their annual TST for employment, am I understanding correctly that they should delay their yearly TST until 4 weeks after they received their second dose of the COVID-19 vaccination? Is this the correct interpretation of your guidance? This would then create an 8-week delay according to the scenario below:

- ***COVID-19 Vaccine Dose #1 received January 14th, 2021***
- ***COVID-19 Vaccine Dose #2 received February 11th, 2021***
    - ***The earliest their TST could be placed would be March 11th, 2021***

A: While this interpretation is technically correct, it should be noted that the *preference* would be to place an employee's annual TST the same day that they begin their vaccination series. In the example provided above, this would mean placing the TST on January 14th, 2021 prior to administering the vaccine that same day. Then, the TST could be read, like normal, two days later – January 16th, 2021. However, if the individual has already received one or both of their COVID-19 vaccinations, then you will need to wait four weeks after they receive their second dose vaccine. This is when you would refer to the scenario outlined above.

On behalf of the Kentucky Tuberculosis Prevention and Control Program, please refer to the guidance distributed statewide to infection control groups. This document has been shared on our TB Program website here.

Important Note

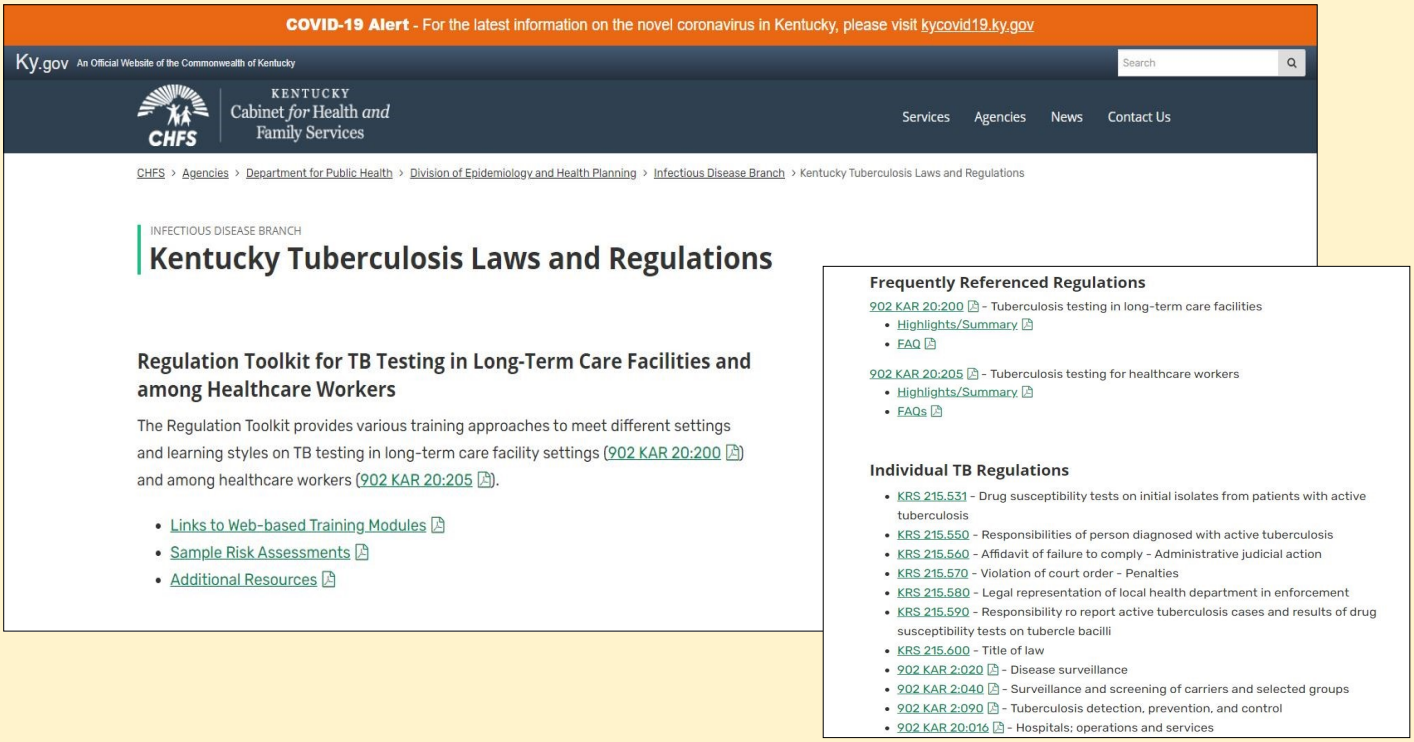
The **Kentucky Office of Inspector General (OIG)** has asked that we stress the importance for healthcare facilities to maintain regulatory compliance; therefore, facilities **MUST** update their TB Infection Control Plan to reflect if their decision is to delay testing and include dates to resume TB testing.

Nurse Consultant Column

Tuberculosis Testing and COVID-19 Vaccination—Regulations

For reference, Kentucky's TB Regulations are listed and detailed on our TB Regulations webpage. On this webpage, we include all TB-related regulations currently in place, including 902 KAR 20:200—Tuberculosis testing in long-term care facilities and 902 KAR 20:205—Tuberculosis testing for healthcare workers.

In reference to OIG's request for facilities to maintain regulatory compliance and update their TB Infection Control Plan, please click here to be re-directed to 902 KAR 20:205/Section 2— "TB Infection Control Program" as a reference.



Any additional inquires specific to TB testing and assuring compliance with TB infection control my be directed to the Kentucky Tuberculosis Prevention and Control Program:

Emily Anderson, Program Manager/TB Controller—EmilyA.Anderson@ky.gov
Maria Lasley, TB Nurse Consultant—Maria.Lasley@ky.gov

Maria Lasley, RN, BSN, MA, MBA
TB Nurse Consultant
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Epidemiology Editorial

Importance of TB Reporting and Data Entry during the Pandemic Response

During the COVID-19 pandemic, it is vital to continue reporting TB suspects. The Centers for Disease Control and Prevention (CDC) defines a suspected case of TB as a *"person currently under TB disease evaluation for whom there is a high suspicion for active TB"*. High suspicion for active TB can be based on risk factors, including: known recent contact with a person with active TB, showing signs/symptoms consistent with TB, or other co-morbidities or risk factors associated developing active TB.

- For medical providers, and other staff in hospitals and healthcare facilities, please be sure to report any TB suspects you are evaluating to the **local health department** where the **patient resides** within **1 business day**. Remember, this reporting is required per the Kentucky Regulation 902 KAR 2:020.
- For local health departments, please notify the state program of any new suspects or confirmed cases and enter them into National Electronic Disease Surveillance System (NEDSS) as soon as possible. Please remember, while reporting by phone is the preferred method, we understand that our staff may not be as quickly accessible during this time due to irregular schedules and assisting with the COVID-19 response. As a result, please reach out to our team via email—as we will be checking this regularly, whether we are in the office or telecommuting—and we will be sure to follow-up as soon as possible.

When reporting TB suspects or cases, please be sure to copy all members of the Kentucky TB Program if reaching out via email to report a new TB suspect or case in order to ensure prompt response. This includes:

Emily Anderson, Program Manager/TB Controller—EmilyA.Anderson@ky.gov
Maria Lasley, TB Nurse Consultant—maria.lasley@ky.gov
Charles Rhea, TB Epidemiologist I—charles.rhea@ky.gov

Additionally, for local health departments who receive and begin managing a confirmed, active case of TB, it is critical that all Report of Verified Case of Tuberculosis (RVCT) data is entered into the NEDSS system as soon as possible. Our partners at CDC continue to monitor and evaluate these data in order to identify changing disease patterns, clustering events, and the clinical impacts to people being diagnosed with TB.

As the pandemic response continues, CDC is particularly interested in evaluating the clinical impact that prior infection or co-infection of COVID-19 may have on individuals who develop active TB at the same time or later. There is also an effort to evaluate what the impact of people's changing environments and daily habits (i.e. social distancing, mask wearing, changing work settings, etc.) will have on TB transmission. In order to assess these impacts—**accurate, timely entry of NEDSS data is incredibly important for all confirmed, active cases of TB**.

If you need any assistance with or have questions regarding TB suspect or case reporting or NEDSS data entry , please reach out to Charles Rhea—TB Epidemiologist—at Charles.Rhea@ky.gov. We thank you for your continued partnership in reporting TB suspects in a timely manner during this challenging time.

Epidemiology Editorial

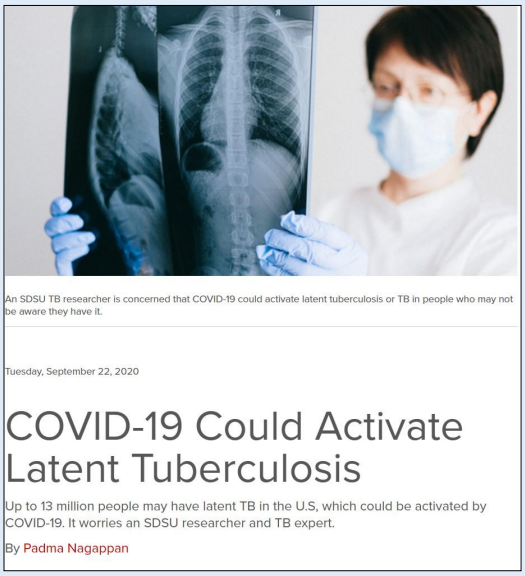
Information and Literature on COVID-19's Impact on Tuberculosis

As the COVID-19 pandemic continues, not only are we are learning about the clinical impacts that the SARS-CoV-2 virus has on humans, but also long-term effects it will have on public health efforts due to increased stress on staff and services. This is especially true for state and local TB programs. Clinically, SARS-CoV-2 significantly impacts the pulmonary system, therefore patients who are co-infected with these conditions are certainly of interest to TB control programs around the world. Additionally, public health officials oversee the treatment and care of active TB cases are being pulled to assist with COVID-19 response activities. This impact on staffing and resources creates concern within TB programs as it can compromise the continuity of care needed by TB patients and other essential prevention and control activities.

The following articles provide commentary on some of the initial effects that this pandemic has had on TB—from clinical impact on patients who have been co-infected with both SARS-CoV-2 and TB, to the effects it has had on TB prevention and control efforts.

Click on the image itself, or the URL below each image, to be re-directed to the online article

https://www.forbes.com/sites/madhukarpai/2020/09/26/tuberculosis-and-covid-19-fighting-a-deadly-syndemic/?sh=1b5c232724c5



https://newscenter.sdsu.edu/sdsu_newscenter/news_story.aspx?sid=78173

https://www.news-medical.net/news/20200510/COVID-19-could-accelerate-activation-of-dormant-tuberculosis-(TB).aspx

Charles H. Rhea, MPH
Epidemiologist I
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Kentucky Tuberculosis Program

Upcoming Trainings and Events

UPDATES!

Update to Training and Event Schedule

When the COVID-19 response began in March of 2020, this unfortunately meant that all TB-related training and educational events had to be cancelled. As we move into 2021, our Centers of Excellence and other national organizations, such as the National TB Controllers Association (NTCA) have announced that many upcoming trainings and conferences will be held virtually. We will share more details on these events as they become available. Similarly, it is our hope in the Kentucky TB Program that we will be able to reinstate and re-schedule our trainings and other educational event throughout this upcoming year. Please watch for future updates via email on our schedule of events.

TBD **Virtual TB 101 Orientation**
This traditional 2-day course for new Local TB Coordinators and other local health department personnel is currently being transformed into a virtual training. Details and additional information will be coming soon. Please contact the Kentucky TB Program for more information.

TBD **Kentucky's TB Update for Physicians and Clinicians**
This popular, annual update hosted by the Kentucky TB Program and the Southeastern National TB Center is targeted for Kentucky physicians, clinicians, and other local health department staff working in TB. This opportunity is currently being reviewed to determine feasibility for virtual hosting in 2021. Additional updates to come.

For education and training questions, please contact

Emily Anderson, Program Manager/TB Controller

EmilyA.Anderson@ky.gov or

(502) 564-4276 ext. 4298

Contact Us

Currently, the TB Program is working remotely due to COVID-19 restrictions. As a result, please copy all team members on all email requests.

Kentucky Tuberculosis Program

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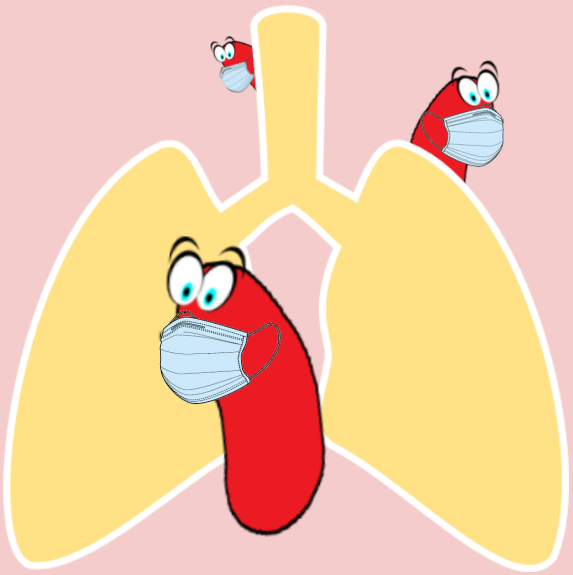
Get the BUGS before



you give the DRUGS!